

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5139**

BIRTH NO. _____ **REG. DIST. NO.** 150 **PRIMARY REG. DIST. NO.** 5672 **Registrar's No.** 26

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Prarie Twp.</u>	c. LENGTH OF STAY (In this place) <u>7 hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Fairmount</u>	<u>00080</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Jackson County Emerg. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>1410 Ash</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) _____ c. (Last) <u>Spurrer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 7 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Dec. 7, 1877</u>
9. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Princeville, Illinois</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	
13a. FATHER'S NAME <u>Joseph Mendell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Parish</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Meredith E. Lakin, Kansas City, Mo.</u>		ADDRESS <u>4201</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Reputy Coroner</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:00p m.</u>, from the causes and on the date stated above.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23a. SIGNATURE <u>AG Cooper</u> (Degree or title) <u>D. M.D.</u>		23b. ADDRESS <u>2800 Main</u>	
23c. DATE SIGNED <u>2/8/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb. 9, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Clay Center, Kansas</u>		24d. LOCATION (City, town, or county) (State) <u>Clay Center, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>FEB. 9, 1950</u>		REGISTRAR'S SIGNATURE <u>Donald C. Earnshaw</u> <u>37</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u>		ADDRESS <u>Funeral Home, Indep. Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

480

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Donald W Hanks*

Licensed Embalmer No. *4528*

P. O. Address *Independence, Miss*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.